ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
)	·	
FEE DETERMINATION	MW		05-02-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NB	588	5-16-01
RESPONSE FORMALITY REVIEW	Tequest	925	19-06-01
	0		

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
÷Restricted	O Objected

=	Allowed	I Interference
_	(Through numeral) Canceled	A Appeal
÷		O Objected
	lo Claim	
Claim Y Y Dat	te Claim 7	Date Claim Date
tginal /2	Pinal Original 2 4	
E BV		- Final Original
	191 X	101
/ N/Q -		102
1 567		103
	518	104
	1 1 2	105
62	54 🛇	106
T X	1510	107
18 X	50 ×	108
9 X	59	109
loX		110
OX	6 K	111
12X	62 🗙	112
13 🗴		113
	64 🔀	
18 X	*	115
	66	116
	6 6	117
	(69)	119
20 8	70 1	120
	71	
22	72	121
23	73	123
16482	74	124
25	(FS)	125
26	76	126
27 X	77	127
28 🗸	78	128
29 🛇	79	129
30 ×	80	130
(E)X	81	131
\$2 X	82	132
33	83	133
	84	134
35	85	135
36 V	86	136
38 0	87 88	137
39	1 (89)	138
	90	
40 X	91	140
42 X		141
42 🗙	92 1	142
	93 7	143
45	95	144
	96	145
 	97	147
	98	148
New	99	149
43 44 45 46 47 48 49 50	100	150
		

If more than 150 claims or 10 actions staple additional sheet here